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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/456,015 03/19/2003  
*ED*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*None ED*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 04/07/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	MI	DRAWING 3	27	5
Verified and Acknowledged	<i>John M. Howard</i> <i>ED</i> Examiner's Signature Initials				

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## TITLE

Self-diagnosing pierce nut installation apparatus

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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